MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
427815	
APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1		/		/		51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12	1		/		/		62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17	1		/		/		67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23	1		/		/		73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		2		2		2	78						
29		2		2		2	79						
30		2		2		2	80						
31		2		2		2	81						
32		4		4		4	82						
33		2		2		2	83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4		4		TOTAL IND.						
TOTAL DEP.			38		38		TOTAL DEP.						
TOTAL CLAIMS			42		42		TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS